

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO. **10/520870**

FILING DATE

APPLICANT(S)

CLAIMS

AS FILER	ADDITIONAL AMENDMENT		ADDED 899 AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		/		
2		/		
3		/		
4		/		
5		/		
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48				
49				
50				
TOTAL IND.		82		
TOTAL DEP.		9		
TOTAL CLAIMS		11		

IND.	DEP.	IND.	DEP.	IND.	DEP.
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS